

Occupational Therapy and Physical Therapy Services

Differentiating School and Clinical Services

Occupational Therapy and Physical Therapy Services are related services provided to students with disabilities in public schools under the Individuals with Disabilities Education Act. These services differ from the sometimes more familiar clinically based services provided in hospitals and clinics throughout our community. School based services and clinically based services frequently complement one another to provide a continuity of care across school, home, and community.

Education Based Model to Determine if a Child Requires OT or PT Services to Benefit from Special Education are provided as a “related service” in schools to assist the child with disability to benefit from special education. The following questions are typically considered in determining if a student with disability might require a school based related service:

- Is the child currently “benefiting from special education”?
 - *What is the educational program and curriculum (e.g., the demands on the student)?
 - *What special education supports are in place (e.g., co-teaching, accommodations)?
 - *Are the supports meeting the student’s educational needs (e.g., level and type appropriate)?
- If not, what is the barrier that is limiting the child’s current or potential benefit from the program? Is it a barrier that would be best addressed by OT or PT as a least restrictive support?
 - *If yes, what strategies and solutions (based in evidence) can OT or PT offer the student, the teachers, and others?
 - *Is OT or PT expertise required (based in evidence) to provide the necessary support?
 - *If yes, what intensity of services is needed from OT or PT (e.g., time, frequency, duration, location)?

Clinically Based Model to Determine a Child’s Potential Benefit From OT or PT Services are provided if it is determined the service is medically necessary in order to habilitate, rehabilitate, or remediate the functional abilities of the individual. The following questions are typically considered in determining if a student with disability might benefit from a clinically based service:

- What is the nature of disability for this student?
- How is disability impacting functional participation in life activities?
- Can the level of impairment be remediated or rehabilitated (based in evidence) to achieve improved functional participation in life activities?
 - If yes, what intervention / therapeutic approach (based in evidence) will best address the identified need?
- Would the student benefit from an OT or PT service (based in evidence) to achieve the targeted outcome?
 - If yes, what intensity of services is needed from OT or PT (e.g., time, frequency, duration, location)?

Occupational Therapists and Physical Therapists have a responsibility to support the continuity of care across clinical and educational settings. In the Houston ISD any of the following options may be employed to support this continuity of care:

- ☐ Collaboration with providers via phone, email, and/or actual site visits when parent consent is provided.
- ☐ Consultation, training, and/or observations with family and school personnel supporting the child.
- ☐ Routine classroom based support services for highly specialized special education programs supporting instructional design to meet the broad range of learner differences.
- ☐ Support for the school response to intervention process inclusive of participation on the intervention assistance team, consideration of assistive technology needs, occupational therapy or physical therapy screening.

*Polichino, J. (2001, June). An education-based reasoning model to support best practices for school-based OT under IDEA 97. *School System Special Interest Section Quarterly*, 8, 1–4.

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	School Therapy Services	Clinical Therapy Services
Therapist's role defined by:	<ul style="list-style-type: none"> Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) 20 USC 1401§602.26 Texas Education Code TEC§29.002 	Clinical model as defined by the setting (hospital, outpatient, home health, etc.)
Referred by:	ARD/IEP committee	Physician's prescription
Screening process to consider:	Barriers that may exist limiting the child's current functional participation at school	<ul style="list-style-type: none"> Appropriate channel to response to referral Potential benefit from OT or PT service
Indicators of need:	Insufficient progress in the individualized educational program as designed by the ARD/IEP committee.	Disability interfering with functional mobility or functional participation in a life activity.
Evaluation process most commonly includes but is not limited to:	<ul style="list-style-type: none"> Criterion referenced data aligning with state mandated educational standards. Participation based ecological inventories 	<ul style="list-style-type: none"> Standardized instruments Normative data
Service provided:	Integrated services supporting classroom personnel to address barriers that may be limiting the child's functional participation in his or her special education program.	Direct intervention to remediate or rehabilitate impairment as a result of disability.
Evidenced based strategies:	<ul style="list-style-type: none"> Integrated classroom support Collaboration with teachers Environmental adaptations Parent training 	<ul style="list-style-type: none"> Clinical modalities or interventions to address disability specific impairments Parent training
Location of services	<ul style="list-style-type: none"> School classroom, cafeteria, gym, playground, etc. 	<ul style="list-style-type: none"> Clinic Home
Sample Targeted Outcomes	<ul style="list-style-type: none"> Improve participation in the classroom Support classroom personnel to accommodate or modify classroom activities to support the child's current developmental level and foster advancing skills. Establish classroom routines to facilitate the child in increasing levels of independent functioning in performing self-help skills at school 	<ul style="list-style-type: none"> Developmental Progression Improve active range of motion Reduce pain Tone management Increase strength / endurance Improve level of independence in self-help skills performed at home Mobility
Service delivery model	<ul style="list-style-type: none"> Integrated classroom support Collaboration with classroom personnel Environmental adaptations Training for classroom personnel and parents 	<ul style="list-style-type: none"> One-on-one or small group intervention Family support
Benefits of the service	<ul style="list-style-type: none"> Assist children with disabilities to benefit from special education by helping classroom personnel to support the child with disability while at school in the least restrictive manner at school. 	<ul style="list-style-type: none"> Improve function by remediating or rehabilitating impairment.